PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS							FILED 04 AUG -2 PM 3:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
DOCUMENT # PATONON 67003								ĺ	ALLAHASS	EE, FLORIDA	
V & A Home Investors, Inc.										•	
2323 Royal Oaks Blvd. 2323 Royal Oaks Blvd.											
2. Principal Office Address 2323 Royal Oaks Blvd.			3. Mailing Office Address 2323 Royal Oaks Blvd.			REINSTATEMENTO1-04					
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
y								4. Date Incorporated or Qualified To Do Business in Florida 07/31/1997			
City & State Kissimmee, FL			City & State Kissimmee, FL			5. FEI Number Applied For 593473235					
Zip Country 34744 USA			Zip 34744	Country		6. CERTIFICATE OF STATUS DESIRE		RED \$8.75 Add	Not Applicable ditional Fee required ertificate of Status		
7. Name and Address of Current Registered Agent											
	Name Ramon L. Velazquez										
	Street Address (P.O. Box Number is Not Acceptable) 1925 Ben Hogan Cr. 108/02/0401076004 **1200.00									*12 0 0.00	
	Suite, Apt. #, Etc.										
	City Orlando						State Zip Code 32808				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 7-30-2004											
9. Names	and Street Add	resses of Each	Officer and/o	r Director (Florida no	onprofit corporati	ons must list at lea	ast 3 directors)				
Titles	es Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip			
D	Ramon L. Velazquez		192	1925 Ben Hogan Cr.			Orlando, FL 32808				
D	Victor A. Alsina			2323 Royal Oaks Blvd.				Kissimmee, FL 34744			
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: 7-30-2007 Y07-904-0398											
	sigl	NATURE AND TY	PED OR PRIN	TED NAME OF STONIN	S OFFICERJOR DI	RECTOR		Date	Daytime Ph	ione #	